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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390268	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/31/2023
NAME OF PROVIDER OR SUPPLIER: MOUNT NITTANY MEDICAL CENTER STATE LICENSE NUMBER: 550301		STREET ADDRESS, CITY, STATE, ZIP CODE: 1800 EAST PARK AVENUE STATE COLLEGE, PA 16803			
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P 0372	Continued from page 1 103.24 (4) INVESTIGATION/ENFORCEMENT PROCEDURES 103.24 (4) investigation and resolution, when possible, of formal complaints shall be timely; and This REGULATION is not met as evidenced by:	P 0372	1. CMO and Director, Quality & Patient safety met with this provider on 6/8/2023 @ 0930. The following was reviewed: Grievance Policy #4010, service recovery model and expectations, demonstration on how to contact the Patient Representative using EMR CPOE functionality. 2. Audit for compliance in identifying and addressing issues in a timely manner via rounding process including 1 patient per unit per week 3. Report corrective plan completion, including the results of the audit to the MNMC Board of Directors on 7/17/2023. 4. MNMC will provide a communication to the family of the complainant summarizing actions taken by the organization.	Completion Date: 07/17/2023 Status: APPROVED Date: 06/26/2023	

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P 0372	Continued from page 2 Based on review of the facility documents and staff interview (EMP), it was determined that facility staff failed to provide a timely resolution to the concerns of a family member in one of one records reviewed. Findings include: Review of facility policy "Patient Grievances 4010," last reviewed 10/28/2021, revealed, "... Policy: Mount Nittany Health recognizes that every patient or his/her representative has the right to express a complaint regarding care, treatment and service. At no time will the expression of dissatisfaction affect the care or treatment given to any patient. Purpose: To establish the procedure for the prompt response to and resolution of patient grievances. ... The following are considered grievances: Patient or the patient's health care agent were not able to resolve their concern during their visit or who did not wish to address their concern during their visit. ... Unresolved Complaints: If staff present are unable to resolve the complaint, then the supervisor and/or	P 0372			

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P 0372	Continued from page 3 director will investigate the complaint, provide follow up actions if appropriate, and document summary in the central feedback tracking software. Patient Representative will facilitate grievance management and coordinate complex grievance investigations. Grievance Investigation: a) Grievances (complaints) that are not complicated and can be resolved within 7 business days to the patient or their health care agent's satisfaction require a written response. b) The response to the patient and/or their agent will include the name of the contact person, the steps taken on behalf of the patient to investigate, the results of this process, and the date of completion. c) The Grievance Committee will receive a summary report of grievances resolved within 7 business days. Complex Grievance Investigation: a) Grievances that require an extensive investigation and cannot be resolved within 7 business days require an acknowledgement letter with the grievance process and timeframe. b) The Patient Grievance Committee will review the grievance. In situations that endanger the patient, such as neglect or abuse, appropriate	P 0372			

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P 0372	Continued from page 4 personnel serving on the Grievance Committee will review cases immediately. c) The written notice of the decision will be sent within 30 days and include the name of the contact person, the steps taken on behalf of the patient to investigate the grievance, the results of this process and the date of completion. ... 1). Review of MR1 "Palliative Care Consultation," dated December 28, 2022 at 1313 revealed "... [name redacted] and [name redacted] also express concern that pt needed Narcan yesterday and would like more discussion about precipitating reason(s). I advised I would pass that concern along to ICU team for more evaluation." 2). Interview with EMP1 on March 17, 2023, revealed that there was no further communication with the family by the provider, nursing leadership, or patient representative/advocate. 3). Further interview with EMP1 on May 4, 2023, revealed " Ideally, the attending provider would	P 0372			

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P 0372	Continued from page 5 have been notified of a family concern and that conversation would have happened. I can't quite tell where that communication breakdown occurred or why nor do I understand why there wasn't more conversation at the unit/provider level. "	P 0372			
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P 0946	Continued from page 6 109.65 (a) RECORDING OF DRUGS ADMINISTERED 109.65 Recording of drugs administered (a) Each dose of drug shall be recorded in the medical record of the patient and properly signed after the drugs have been administered. This REGULATION is not met as evidenced by:	P 0946	1. Revision of policy Medication Administration II.E.1.18 to include the following verbiage under 'Documentation': Documentation of medication administration during a code event see: Cardiopulmonary Resuscitation (Code Blue, CPR, Code Cart) II.A.2.01. Policy revisions completed 6/14/23. 2. Revision of policy Cardiopulmonary Resuscitation (Code Blue, CPR, Code Cart) 11.A.2.01 to include the following verbiage under 'Documentation': The Code Blue/White Report Sheet (NS-163) will serve as the Medication Administration Record for medication administered during the code event. Policy revisions completed 6/14/23. 3. Policy revisions communicated to staff via Learning Management System (LMS). Electronic attestation of policy receipt & review in place. 4. Development and implementation	Completion Date: 07/17/2023 Status: APPROVED Date: 06/26/2023	

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P 0946	Continued from page 7	P 0946	of process to reconcile and audit Naloxone (Narcan) distribution, documentation and reporting. Narcan administration is a low volume event at MNMC. The audit will consist of 100% narcan distributed - Weekly reconciliation of Pharmacy Naloxone distribution report and Naloxone administration documentation within the identified patient medical record - Weekly reconciliation of Pharmacy Naloxone distribution report with Event Reporting Form (internal incident report) completion for doses administered. - ERF completion and individual feedback as identified through the auditing process - Final audit results will be communicated to the Patient Safety Steering Committee and MNMC Board of Directors. Audits will continue beyond POC action date, if needed, until 100% compliance achieved.		

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P 0946	<p>Continued from page 8</p> <p>Based on review of facility documents and medical records(MR), and staff interview (EMP), it was determined the facility staff failed to follow the facility's adopted policy related to the documentation of medications on the Medication Administration Record (MAR) in one of one medical records reviewed.</p> <p>Findings include:</p> <p>Review of facility policy "Medication Administration II.E.1.18," last reviewed 10/15/2019, revealed, "...II. Purpose: A. To provide guidelines for the safe administration of medication following the seven rights. 1. Seven Rights Right drug (includes expiration date, package integrity, and examination for particulates or discoloration) Right route (includes tracing lines) Right dose Right time Right patient (includes allergies) Right reason Right documentation. ... 3. ... d. All medications are to be charted immediately after they are given and scanned in all situations where scanning is available.</p>	P 0946			

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P 0946	Continued from page 9 The reason for administering a PRN drug and its effect should be charted. "	P 0946			
	1) Review of MR1 "Medication Discharge Summary," revealed Narcan 0.4 mg IV one dose was ordered and given on December 28, 2022 at 1413. The order was then discontinued at 1414. 2). Review of MR1 "Rapid Response Team Record," dated December 27, 2022, revealed "... Time Called: 1737 ... Arrival Time: 1739 ... Event Ended: 1758 ... Primary Reason for Call: Acute Mental Status Change ... Narcan 0.4 mg IV at 1754 ... Transferred to MICU/SICU ... Situation ... Peri-arrest-meds given ... HR 46 ... Background: DNR 0.25 mg Dilaudid IV ... Assessment: BP 67/45 ... BP 117/36 at 1750 ... Pt awake at 1756-groaning c/o abd pain ... Follow-Up Report: To go to ICU 5 for Bicarb gtt"				
	3). Review of the electronic MAR with EMP1 on March 14, 2023 revealed no documentation of the Narcan being administered. "I can't evidence that				

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P 0946	Continued from page 10 this patient received Narcan. This is the narcan administration snapshot from her stay. You can see that Narcan was not administered. I do not have an ERF that Narcan was administered."	P 0946			



Certified End Page

MOUNT NITTANY MEDICAL CENTER

STATE LICENSE NUMBER: 550301

SURVEY EXIT DATE: 05/31/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY